

To: FEC From: PATRICK DAVIS
Fax: 202-219-0174 Date: 10-18-10
Phone: 719-536-4809 Pages: 5
Re: _____ CC: _____

Comments:

P.01

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

COMMON SENSE ISSUES INC

(b) Address (number and street) ☐ check if different than previously reported

8190-A BEECHMONT AVENUE - 103

(c) City, State and ZIP Code

CINCINNATI

OH

45255

2. FEC Identification Number

C C30001457

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
10 / 11 / 2010

through

M M / D D / Y Y Y Y
10 / 18 / 2010

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y (b) Communication Title Jealous

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☒

8. Custodian of Records

(a) Name

Harold Swift

(b) Address (number and street)

8190-A Beechmont Ave - 103

(c) City, State and ZIP Code

Cincinnati

OH

45255

(d) Name of Employer or Principal Place of Business

Retired

(e) Occupation

Retired

9. Total Donations This Statement

10000.00

10. Total Disbursements/Obligations This Statement

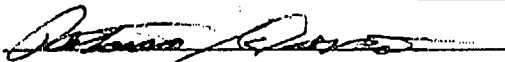
10000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Patrick Davis

SIGNATURE



DATE 10/18/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

A.	(a) Name John Lind	Transaction ID : F91.4102
	(b) Address (number and street) 8190-A Beechmont Ave - 103	
	(c) City, State and Zip Code Cincinnati OH 45255	
	(d) Name of Employer or Principal Place of Business J. D. Cloud & Associates	(e) Occupation CPA
B.	(a) Name Harold Swift	Transaction ID : F91.4103
	(b) Address (number and street) 8190-A Beechmont Ave - 103	
	(c) City, State and Zip Code Cincinnati OH 45255	
	(d) Name of Employer or Principal Place of Business Retired	(e) Occupation Retired
C.	(a) Name Patrick Davis	Transaction ID : F91.4098
	(b) Address (number and street) 8190-A Beechmont Ave - 103	
	(c) City, State and Zip Code Cincinnati OH 45255	
	(d) Name of Employer or Principal Place of Business Patrick Davis Consulting	(e) Occupation Consultant

SCHEDULE 9-A
Donation(s) Received

PAGE 3/4

A. Full Name of Donor

Common Sense Issues Coalition, Inc.

Mailing Address of Donor

PO Box 54948

City

Cincinnati

State

OH

Zip

45254

Date of ReceiptM M / D D / Y Y Y Y
10 / 11 / 2010

Amount

10000.00

Transaction ID: F824111

SUBTOTAL of Donations This Page (optional).....

10000.00

TOTAL This Period (last page this line number only).....
(carry total from last page to Line 9)

10000.00

SCHEDULE 9-B
Disbursement(s) Made or Obligations

PAGE 4/4

A. Full Name (Last, First, Middle Initial) of Payee Design 4 Marketing & Communications				Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 14 / 2010	
Mailing Address of Payee 100 N Collins St				Amount 10000.00	
City Plant City	State FL	Zip Code 22563		Communication Date M M / D D / Y Y Y Y 10 / 18 / 2010	
Name of Employer		Occupation		Transaction ID : F93.4110	
Purpose of Disbursement (Including title(s) of communication(s)) Radio Buy (Jealous)					
Name of Federal Candidate STEPHANIE M HERSETH SANDLIN	Office Sought: X	House Senate President	State: SD District: 00	Disbursement/Obligation For: 2010 Primary X General Other (specify) _____	
Name of Federal Candidate	Office Sought:	House Senate President	State: District:	Disbursement/Obligation For: Primary General Other (specify) _____	
Name of Federal Candidate	Office Sought:	House Senate President	State: District:	Disbursement/Obligation For: Primary General Other (specify) _____	
SUBTOTAL of Disbursement/Obligation This Page (optional)				10000.00	
TOTAL This Period (last page this line number only)				10000.00	
(carry total from last page to line 10)					

Federal Election Commission
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FOR INCOMING DOCUMENTS**

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